

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. <i>07/86 7-4</i>	FILING DATE				
								APPLICANT(S)					
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	2												
TOTAL DEP.	18												
TOTAL CLAIMS	20												
* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS													